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ABSTRACT

Educational administration in North America is in a state of disarray, according to the author, because of the conduct of its practice, the preparation of its practitioners, and the advancement of knowledge relevant to its practice. Issues involved in the long-range preparation for work in educational administration is the focus of this report, and six characteristics are explained as minimally essential to an individual's preparation: (1) a firm basis in clinical values, (2) a grounding in relevant academic disciplines, (3) specialized knowledge acquired from the relevant disciplines and clinical experience, (4) a strong emphasis on cognitive and instrumental values, (5) a knowledge of clinical problems, and (6) internalization of the values of socialization. (Author/LD)

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CRITICAL ISSUES IN THE PREPARATION OF EDUCATIONAL ADMINISTRATORS IN NORTH AMERICA*

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Introduction

The topic to which I have been asked to address my attention in this session is "Projected Issues in the Preparation of Educational Administrators in North America." I am not entirely certain what the term "projected" means in this context, but even if I were, I should find it extremely difficult to consider issues in the preparation of administrators in isolation from issues arising in other areas of concern in the field. That being the case, it will, perhaps, not seem strange if I address my remarks to matters other than preparation narrowly conceived.

The year 1978 finds North American educational administration in a state of considerable disarray. If one regards the conduct of practice, the preparation of practitioners, and the advancement of knowledge relevant to practice, as the three principal concerns of the field, then one can say that disarray ranges across the board. Let us briefly consider those three concerns in turn.

In one sense, the practice of educational administration has changed dramatically in the past two decades. Alterations in the environments of the schools have created new and difficult problems for administrators. As one source has pointed out,

> Success in school administration is no longer assured by pleasing community leaders and the middle class. The new demands on education come from every sector of society; they are insistent, multitudinous, and often irreconcilable; and consensus is not readily reached on an important issue.[1]

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In another sense, however, the practice of educational administration seems to have changed very little. Perhaps the best way to make the point clear is to ask the following question: "How would the practice of educational administration be altered if it were deprived of the generalized knowledge and problem solutions accumulated in the past two decades?". Although it is not possible to give a definitive answer to that question, I would guess that few discernible alterations would occur. In terms of knowledge of general principles, and capacity to implement solutions to concrete practical problems in the clinical setting, (even those of concern prior to recent developments) the practice of educational administration does not appear to be significantly different from the way it was two or three decades ago.

Disarray in the context of the advancement of knowledge in the field is evident at a number of points. We have neither well-validated theoretical principles, well established empirical generalizations, nor reliable knowledge of how to solve practical problems. In addition one writer in the field has argued that the allegedly predominant theoretical perspective of the field is bad theory and leads to sterile research.[2] He has also argued that efforts to provide theoretical bases for practice and the preparation of practitioners are doomed to failure. Another writer has agreed that "Modern theories are not adequate to describe or predict the behavior of people in organizations" and has suggested that "it is time for a new paradigm for the study of educational administration".[3]

When we turn our attention to the context of administrator preparation, scarcely anything is certain except uncertainty. The question, "What does one need to know in order to practice administration effectively?" has as many answers as there are preparation programs, and then some. One of the "and then some" answers is "Nothing, beyond what one can learn on one's own." That

answer may be uncomfortably correct. Certainly one cannot deny that apparently satisfactory levels of administrative performance are attainable without benefit of formal preparation. Does participation in formal preparation programs contribute to improved administrative performance? We do not know. Unfortunately, we do not even "know" what we might most usefully mean by the term "improved" in this context.

In this area, then, it is not only that we are uncertain about the relative efficacy of alternative ways of handling certain aspects of administrator preparation, but also that the efficacy of the entire enterprise is subject to question. It is not only that we are uncertain about the contribution that certain components of preparation programs make to success in practice, but also that we are not certain that preparation makes any difference at all, much less contributes to success. Moreover, we are not even sure what we might usefully mean by the term "success".

One could continue endlessly in the preceding vein, but it would serve no useful purpose. The resulting list of uncertainties might be construed as a set of projected issues in the preparation of administrators, but it is not sets of issues that we need. What we need, I think, is to ask ourselves a question, namely, "Why is it that educational administration finds itself in such a state of disarray?". If we can identify some plausible answers to that question, we will, ipso facto, have identified some fundamental issues not only in the preparation of administrators, but in the practice of administration, and the advancement of knowledge as well.

The Root of the Problem

Why is it that educational administration finds itself in such a state of disarray? Without implying that there is only one answer to that question, let

me say that my answer has several parts. The first part is this: educational administration is a field that lacks self-definition. If it were a person I would say that it has no clear "identity", or "self-concept". Perhaps if I were less charitable, I would say that it is schizophrenic. Its academic component has not yet come to realize that, in so far as educational administration has any claim to professional status at all, it is an applied profession, and that, in so far as it is capable of becoming a science of any kind, it will be an applied science, not a scientific discipline.

To speak of an area of occupational endeavor as an applied profession is to say that it is characterized by the primacy of its orientation to a clinical focus.[4] In addition to acting as custodian of a specialized body of knowledge, a characteristic shared with the academic professions, the applied profession also acts as trustee of a category of practical needs and interests of society and its members (e.g. the maintenance of health, or the settlement of legal disputes). While no less concerned about the maintenance, transmission, and advancement of knowledge than the academic professions, the applied profession also assumes responsibility for managing on-going practical processes, and for seeking and implementing solutions to concrete, practical problems where serious interests of clients are at stake.

The proto-typical case of an applied profession is the field of medicine, which, although often referred to as a science, is not a science at all in the disciplinary sense. Unlike a disciplinary science, such as chemistry, biology, or psychology, medicine's primary focus is not the pursuit of knowledge as such. Nor is medical science, as a body of symbolic culture, organized around problems encountered in the pursuit of knowledge, and in terms of theoretical systems. Quite the contrary, as a body of cultural content, medical science is a corpus of knowledge, the elements of which have been drawn selectively from a variety

of sources, on the basis of their relevance to the clinical focus.[5] Elements drawn not only from a variety of subdisciplines in chemistry, physics, and biology, but also from clinical experience, are organized around problems of practice.

In failing to recognize its applied nature, the field of educational administration has not only failed to recognize the importance of organizing knowledge around the problems of practice, but also to recognize some "facts of life" concerning the relation between the "concrete" phenomena of common sense experience, on the one hand, and scientific descriptions and explanations of how they work, on the other. Any concrete, common sense object or event is of such infinite diversity and complexity that its full richness cannot possibly be grasped in terms of any system of abstract concepts.[6] Another way of saying the same thing is to note that every concrete empirical "reality", whether it be physical, biological, or social, is a field within which very large numbers of empirical systems may be identified, and hence, is a node at which a number of theoretical systems may interpenetrate.[7] The human organism that is the object of clinical interest in somatic medicine, for example, is not describable as a single empirical system. One cannot describe its working with any degree of completeness within any single theoretical system. One can describe how some aspects of the organism work in terms of electro-chemical processes, others as chemical processes, still others as physical processes, and still others as bio-chemical processes, but there exists no comprehensive, fully integrated conception of how the concrete organism of common sense experience in its entirety actually works.

The implications of the preceding comments for an applied field are clear. If the description and explanation of concrete, empirical situations requires recourse to multiple theoretical frameworks, then the solution of concrete practical problems will often contain elements of knowledge selected from

several disciplines and sub-disciplines within disciplines. Problems in the world of the medical practitioner seldom come in the form of chemical problems, biological problems, or physical problems. Similarly, problems in the world of the administrator seldom come in the form of psychological, sociological, economic, or political problems. Most clinical problems are nuclei around which to organize elements from a variety of sources.

Following the medical analogy further, we may ask, "What is the clinical focus around which knowledge is organized?". There are many levels on which answers to that question might be formulated, one of the most general, perhaps, being, "The preservation of health and the prevention of suffering and premature death." On a more specific, but still rather general, level it might be phrased, "Preventing, remedying, and coping with the consequences of illness." Illness occurs in a variety of forms, of course, including organ failure, injury, infection, ingestion of toxic substances, etc. However, the important point for present purposes is the fact that the concept of illness implies its opposite, the concept of health.

The conception of health may be regarded as a definition of the desirable state of the object of clinical interest, in this case, the human organism, and it is discrepancies from that state which constitute the clinical problems around which the knowledge termed "medical science" is organized. In the early history of medical practice, this definition of the desirable may have been no more detailed than, "the absence of pain and the possession of the performance capacities considered normal at particular stages in the human life course." Details were added to the definition as attempts to find the causes of states considered problematical revealed more and more about how the body works, and about which states of its working are associated with the absence of pain, the maintenance of capacities, and the prolongation of life. Over the years, what has evolved is a highly developed, well validated conception of how the body

levels of performance, well-being, and longevity are compared, as well as those in which they are developed or maintained

works, including how it works in those cases in which ~~the end result is negatively valued~~. Parallel to, and in interaction with, that conception of what actually does happen in the human body, there has evolved both a conception of ~~how~~ the desirable state of its working, and a variety of conceptions of how to work it in order to maintain and restore that state. Detailed knowledge of how the body works, and of the relation between particular states of its working and such dependent variables as possession of normal performance capacities and longevity, provides the basis for a detailed conception of the desirable state identified as "healthy". And, as noted above, it is this conception of the desirable, of health, which provides the basis for the identification of the problems of health and illness over which the profession is committed to achieve mastery, and around which knowledge is organized. Medical research, preparation for medical practice, and the practice of medicine are all fundamentally grounded in this conception of the desirable state of the functioning of the human organism.

Although it is undoubtedly a serious over-simplification, the preceding characterization of the situation in medicine should make the intended point. That is, clinical values constitute the core component of the culture of the applied professions. They do not, of course, stand alone even as value components. The applied professions tend also to be heavily committed to the value patterns of cognitive and instrumental rationality.[8] Commitment to the former entails an obligation to contribute to the advancement of knowledge in accordance with such cognitive standards as conceptual clarity, logical consistency and empirical validity. Commitment to the latter implies an emphasis on selection from among alternative means to ends on the basis of valid knowledge.

From what has been said above, we may infer that preparation programs for the applied professions tends to have at least the following characteristics:

1. A firm basis in a more-or-less clearly defined and fully institutionalized set of clinical values specifying the desirable state of the object of clinical interest.

2. A firm grounding in, and close relationships with, the relevant academic disciplines.

3. A substantial component of specialized knowledge mobilized from the relevant disciplines and clinical experience, and organized around the problems of practice.

4. A strong emphasis on the values of cognitive rationality and instrumental rationality.

5. A clear conception of the common problems of clinical practice.

6. A pattern of arrangements that facilitates the internalization of values.

Perceptions of the Situation in Administration

If it were granted that it would be desirable for the field of educational administration to exhibit the characteristics outlined above, or even that they provide a worthy, if unattainable ideal, then the question would become, "In what respects does the actual differ from the ideal?". Given the paucity of firm evidence concerning the actual "state of the art" in educational administration, any characterization of the field must necessarily be tentative, impressionistic, and doubtless wrong in numerous particulars. Nevertheless, it does seem possible to make a number of probably valid statements. Let us consider the state of preparation in the field in relation to each of the five characteristics just listed. In each case, the tentative characterization of the current state of affairs will provide the basis for the identification of what are, for me, important issues in the preparation of administrators in North America.

1. A firm basis in clinical values. Clearly, the situation in educational administration is very different from that described. In our field, we have neither a clearly articulated, widely shared definition of the object of clinical interest, nor a reasonably explicit, commonly held, conception of its desirable state. We could probably agree on the organizational unit (the school district, the individual school, the department) as the object of clinical interest, but we have no common conception of its desirable state even at a level as rudimentary as "the absence of pain and the possession of normal performance capacities". Lacking that, of course, there can be no common conception of what constitutes a range of clinical problems with which the administrator should be prepared to deal.

There is a sense in which what has just been said is all wrong. Were it not, we should find administrators standing around wondering what to do. Obviously, that is not the case; administrators do know what they are to do. They are to recruit, assign, evaluate, and supervise personnel, prepare budgets, allocate facilities, and a host of other things defined in everyday terms. What is missing of course, is some notion of what these specific tasks are in aid of. It is as though the physician knew that he was to set broken bones, repair wounds, remove diseased organs, control infections, etc., but viewed these as discrete isolated tasks, each important in its own right, but unrelated to the others, or to any common desirable state. Beyond being "things I am to do," the tasks of the administrator do not belong to a common category such as, "ways of maintaining normal performance capacities and preventing premature death." Another way of putting the matter is to say that we do not have a very good generalized answer to the question, "why do we need administrators anyway?", or "What are the functions of the administrator?". The situation is analogous to that outlined in a discussion of the role of the attendant in the mental hospital, i.e., " . . . the role has been defined mainly by practical exigencies

rather than by any clear conception of positive function".[9] Given their role in providing the grounding for research, practice, and preparation for practice, I am inclined to identify the lack of clearly articulated clinical values as one of the most fundamental issues confronting the field of educational administration.

2. Grounding in the Relevant Disciplines. Although preparation programs in the field receive far higher marks on this characteristic than they would have several decades ago, developments in this direction are limited by several factors. The first factor is the state of development of the social-behavioral science disciplines themselves. For the most part, what the disciplines have to offer is not well validated theoretical principles, and certainly not well-established empirical laws on which to base applied procedures, but more or less plausible analytical frameworks in terms of which situations may be characterized. There are exceptions to the preceding generalization. For example, I am persuaded that theoretical understanding of the role of symbolic culture, and the conceptions they represent, in human behavior, is sufficiently advanced to provide the basis for the development of highly useful individual and group problem-solving and communication techniques.

The preceding limitation concerning what the social science disciplines have to offer leads directly to a second limitation; namely, the lack of any clearly reasoned rationale for the inclusion of social science concepts and frameworks in preparation programs. This is not to suggest that such materials have no relevance, or that they should be excluded. The point is that the reasons for their inclusion have not been thought through with sufficient care. We speak of providing "alternative sets of spectacles", "sensitizing concepts" and "aids to insight and understanding", but these phrases illuminate little. The issue here, as I see it, is precisely this: what relevance do the analytical concepts and frameworks of the disciplines have for the practice of administration, and what does the answer to that question imply for the manner in which

they are presented in preparation programs?

A third set of limitations grows out of a series of ambiguities, beginning with a lack of clarity in the field on the nature of disciplinary formulations, theory, analytical frameworks, and research findings, on the one hand, and the concrete, practical problems of the clinician, on the other. That lack of clarity underlies the failure of the field to attend to the extremely important distinctions between disciplinary and applied sciences, particularly the character of the latter as bodies of knowledge selected from multiple sources on the basis of clinical relevance, and organized around clinical problems. That same lack of clarity has led to the adoption of a vastly oversimplified conception of the theory-practice relationship; one which misses altogether the character of clinical problems as nodes at which the analytical formulations of the disciplines interpenetrate.

Another aspect of the same situation is the field's uncertainty about what we can usefully mean by the term "theory" and of the place of theoretical-analytical formulations which ignores administration's status as an area of application. That uncertainty seems to underlie the tendency to pursue and value theory for the sake of theory, and to debate such interesting, but probably fruitless questions as the possibility of theory-based preparation programs, and which of several competing perspectives is best. The two critical issues in this general area are, "How can we most usefully conceive the 'nature' of the field of educational administration?" and "What is the place of disciplinary content in such a field?"

Finally, it seems to me that all we have done so far by way of drawing upon the social-behavioral sciences (apart from formulating research questions) is engage in a process of simple aggregation. We have courses in organization theory, the politics of education, etc., but these tend to be collections of elements of the specific discipline deemed somehow relevant to the practice of

administration. We seem to have done relatively little to integrate these kinds of knowledge with clinical problems and with the other kinds of knowledge necessary to provide approaches to the solution of the problems with which practitioners are confronted. The issue here would seem to be, "How can we best select and organize the cognitive content of preparation programs in educational administration?"

3. Specialized Bodies of Knowledge. Preparation programs in educational administration contain a certain amount of specialized content, but relatively little of it qualifies as firm knowledge. Programs may provide knowledge of legal statutes, but these statutes are not themselves knowledge. It is probably not too much of an exaggeration to say that if program content was reduced to what qualified as firm knowledge, it would be diminished by 90 percent. Another way to think about this area is to imagine how things would differ if the field was somehow deprived of its specialized knowledge. I suspect that they would not differ greatly, certainly not in comparison to the differences that would occur if medicine or engineering were deprived of its specialized knowledge.

With respect to the organization of knowledge around clinical problems, the case is probably mixed. Some courses in preparation programs are organized around what might pass for broad problem areas, e.g., "personnel administration", "pupil personnel", "public relations", and "supervision". Others are probably organized on the basis of subject matter, e.g., "administrative theory", "organization theory", and the "Politics of Education".

The question here, however, is not so much how to expand the "knowledge base" of educational administration, or how to organize it, as it is to determine, what knowledge is of greatest use to the practicing administrator. During a recent year-long return to the role of the practitioner, I had numerous occasions to observe the impossibility of any particular administrator acquiring mastery of all the knowledge required to deal competently with the full range of issues

that arise on the job. The issue that these observations pose is this: "If relatively little specialized knowledge is available, and if the range of issues that arises is so great as to preclude the mastery of the knowledge relevant to them even if it was available, what can programs provide that is truly preparatory for administrative service?"

The preceding is, in part, a "short-range" issue, a question of what to do until we become better informed. The more serious, long-range issue is "how do we restore legitimacy to a concern for problem solutions. It is curious, from the vantage point of hindsight, that the emergence of an emphasis on social-behavioral science knowledge in our field seemed to require the submergence of prescriptive concerns. Perhaps it was a phase that we shall outgrow, but an applied field that uses the phase "how-to-do-it" pejoratively, and speaks derisively of problem solutions as "bags-of-tricks" is surely an anomaly.

4. Institutionalization of Cognitive and Instrumental Values. Commitment to the value of cognitive rationality, i.e., to the advancement, utilization, and transmission of knowledge, and to the cognitive standards they imply (e.g. empirical validity, conceptual clarity, and logical consistency), seems far from fully institutionalized in university departments of educational administration. There is little doubt that knowledge is valued, but there is also little doubt that commitment to its advancement is very unevenly distributed among professors. Moreover, it seems fair to say that the commitment on the part of professors to the utilization of knowledge in the design and implementation of preparation programs is somewhat lower than one might wish. The issue of paramount concern here is "How can cognitive and instrumental values be institutionalized more fully in preparation programs?"

5. Knowledge of Clinical Problems. Without a clearly defined and commonly held conception of the desirable state of the object of clinical interest, there can be no detailed, objective knowledge of the kinds of clinical problems

encountered by practitioners. Still, as noted earlier, there appears to be some degree of commonality among practitioners in what they see as problems, and it would appear possible to do more in this area than is commonly done. The issue here, if there is one, would seem to be, "How can knowledge of the clinical problems of educational administration be acquired and incorporated into preparation programs?"

6. A Pattern of Arrangements that Facilitates Socialization in Values. While much remains to be learned about the process, it would appear that a rough outline of the conditions that facilitate successful socialization can be provided. These include: (1) the maintenance of a pattern of stratification (based on differential commitment to, and competence in the implementation of, the relevant values) between those performing socialization functions and those being socialized, (2) the possession of "moral authority" by those performing socialization functions, (3) the relative insulation of the persons being socialized from influences external to the socializing unit, (4) an environment in which those responsible for socialization encourage experimentation, make allowances for mistakes, sustain conditions of diffuse support, and exert pressure for acceptance of the communal morality, (5) the existence of a relationship of peer solidarity among those being socialized, (6) the differential rewarding of achievement in relation to the relevant values, (7) relatively continuous implementation of the relevant values in varying settings involving interaction between socializer and socializee, and (8) student identification with the community which includes themselves and faculty.

Time is too short, and information is too limited, to permit an examination of the situation in educational administration with respect to all the points just mentioned. However, two features of our field relevant to those points stand out for me. First, it appears that the trend across the continent is

toward the expansion of part-time, summer, and even off-campus opportunities to secure pre-service preparation. The position that I have taken concerning such programs in discussions with my colleagues here at UBC is this. While non-resident and part-time study may be quite appropriate for the transmission of knowledge and technical skills, it does not appear to provide favorable conditions for effective socialization in values. Thus, in a clinically oriented field in which socialization in values is a central, if not always explicit, aspect of preparation, how much, if any, pre-service preparation should be acquired through non-resident study should be a serious issue.

A second feature of our field concerns the appointment practices of departments of educational administration. Time was when most professors of administration were former administrators, and clinical values dominated preparation programs. In recent decades, the pendulum seems to have swung the other way so that cognitive values now dominate. This poses the issue of maintaining, not simply a balance, but an integrated system in which both values are emphasized appropriately.

Summary and Conclusion

To summarize and conclude, I have treated the problem of preparing educational administrators as a special case of the more general problem of preparing persons for practice in an applied profession. Using a loose characterization of preparation programs for applied professions - principally medicine - as a paradigm, I have identified facets of preparation programs for administrators which, for me, constitute potential issues. The potential issues identified were:

1. How can we achieve greater clarity and commonality in the realm of conceptins of the desirable, or clinical values? Perhaps the more generic issue here is, what is the place of values in the preparation program of an

applied profession?

2. What relevance do the analytical frameworks of the disciplines have for the practice of administration, and what does that imply for the manner of their presentation in preparation programs?

3. How can we most usefully conceive of the nature of the field of educational administration?

4. How can we best select and organize the cognitive content of preparation programs?

5. What can programs in educational administration provide that is truly preparatory for administrative practice?

6. How can we restore legitimacy to a concern for problem solutions?

7. How can cognitive and instrumental values be institutionalized more fully in preparation programs?

8. How can knowledge of clinical problems in educational administration be acquired and incorporated into preparation programs?

9. How much, if any, pre-service preparation should be acquired through non-resident study?

10. How can departments of educational administration more adequately integrate cognitive and clinical values?

In closing, I should re-emphasize the fact that this has been neither a survey of current issues, nor an attempt to forecast future issues. It has been an attempt to identify what are, for me, salient issues in the long-range development of an applied profession of administration. Clearly, these are not the only issues that might be identified, and they may never be issues to anyone other than myself.

FOOTNOTES

1. Report of the Planning and Evaluation Commission, (The University Council for Educational Administration, 1977) p. 33.

2. Thomas B. Greenfield, "Organization as Ideology", (Paper presented to the American Educational Research Association Annual Meeting, New York, April, 1977).

3. Daniel E. Griffiths, "The Individual in Organization: A Theoretical Perspective", Educational Administration Quarterly, 13, 2 (Spring, 1977) pp. 1-18.

4. Talcott Parsons and Gerald R. Platt, The American University. (Cambridge, Massachusetts: Harvard University Press, 1975).

5. _____. The American University.

6. Talcott Parsons, The Structure of Social Action (New York: The Free Press, 1937).

7. Parsons and Platt, The American University.

8. Ibid. The American University.

9. Talcott Parsons, "The Mental Hospital as a Type of Organization" in Milton Greenblatt, et. al. (eds.) The Patient and the Mental Hospital (New York: The Free Press, 1963) p. 119.

10. Parsons and Platt, The American University.

11. _____, The American University. (Chapter IV)